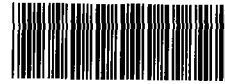


CERTIFIED MAIL - RETURN RECEIPT REQUESTED  
P 257 499 290

December 20, 1990

US EPA RECORDS CENTER REGION 5



1004597

U.S. EPA Region V  
RCRA Activities  
Waste Management Division  
P.O. Box A3587  
Chicago, IL 60690

Re: Notification of Regulatory Waste Activity  
Subsequent Notification  
EPA ID Number - MID064197742

To Whom It May Concern:

Enclosed is a Notification of Regulated Waste Activity form  
updating the EPA hazardous waste numbers at the BASF Corporation,  
Wyandotte Site.

If any further information is required, please contact me at  
(313) 246-6836.

Sincerely,

A. C. Bickel  
Ecology Services Technologist I

acb  
enc.

cc: DPThiel

RECEIVED

DEC 26 1990

U. S. EPA, REGION V  
SWB — PMS

CERTIFIED MAIL - RETURN RECEIPT  
REQUESTED - P 401 235 654

June 18, 1990

7992

Mr. Valdas V. Adamkus  
USEPA Region V  
Region V Administrator  
230 South Dearborn Street  
Chicago, IL 60604

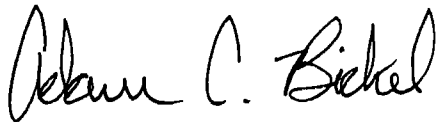
Re: Notification of Hazardous Waste Activity  
Subsequent Notification  
EPA ID Number - MID064197742

Dear Mr. Adamkus:

Enclosed is a Notification of Hazardous Waste Activity form updating the EPA hazardous waste numbers at the BASF Corporation, Wyandotte Site. The changes include the addition of benzyl chloride, EPA hazardous waste number [REDACTED]; formic acid, EPA hazardous waste number [REDACTED]; and ethyl carbamate (urethane), EPA hazardous waste number [REDACTED].

If any further information is required, please contact me at (313) 246-6836.

Sincerely,



A. C. Bickel  
Ecology Services Technologist I

acb  
enc.

cc: Michigan Department of Natural Resources  
Waste Management Division  
505 W. Main Street  
Northville, MI 48167

JUN 27 1990  
U.S. EPA, REGION V  
813 - 246-6836



## EPA Notification of Hazardous Waste Activity

United States Environmental Protection Agency  
Washington, DC 20460

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

Comments

C  
S

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)C  
F

MID064197742

T/A C  
1

## I. Name of Installation

B A S F C O R P O R A T I O N

## II. Installation Mailing Address

Street or P.O. Box

C  
3

1 6 0 9 B I D D L E A V E N U E

City or Town

State

ZIP Code

C  
4

W Y A N D O T T E

M I

4 8 1 9 2

## III. Location of Installation

Street or Route Number

C  
5

1 6 0 9 B I D D L E A V E N U E

City or Town

State

ZIP Code

C  
6

W Y A N D O T T E

M I

4 8 1 9 2

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C  
2

B I C K E L A C W A S T E C O O R .

3 1 3 2 4 6 6 8 3 6

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C  
R

B A S F C O R P O R A T I O N

P

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.  
☐ 2. Transporter  
☒ 3. Treater/Storer/Disposer  
☐ 4. Underground Injection  
☒ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)  
☒ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner

- ☒ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)  
☒ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner  
☒ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

M I D 0 6 4 1 9 7 7 4 2

[illegible]

**X. Description of Hazardous Wastes** *(continued from front)*

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

[illegible]

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

[illegible]

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31				32				33				34				35				36			
P	0	0	5	P	0	1	4	P	0	2	8	P	0	5	3	P	0	8	9	P	1	0	0
37				38				39				40				41				42			
U	0	0	2	U	0	0	8	U	0	0	9	U	0	1	3	U	0	2	8	U	0	3	1
43				44				45				46				47				48			
U	0	3	7	U	0	4	1	U	0	4	4	U	0	7	0	U	0	7	7	U	0	8	0

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.


[illegible]

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- ☒ **4. Toxic**  
**(D000)**

## XI. Certification

***I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.***

Signature 	Name and Official Title (type or print) Adam C. Bickel Ecology Services Technologist I	Date Signed 6/18/90
--	--	------------------------

7992

ID — For Official Use Only

C																		T/A	C
W																			1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 0 0	U 1 0 8	U 1 1 2	U 1 1 5	U 1 2 2	U 1 2 3
37	38	39	40	41	42
U 1 4 7	U 1 5 4	U 1 6 2	U 1 8 8	U 1 9 6	U 1 9 7
43	44	45	46	47	48
U 2 1 1	U 2 2 0	U 2 2 1	U 2 2 3	U 2 3 5	U 2 3 8

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)
**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature

Adam C. Bickel

Name and Official Title (type or print)

Adam C. Bickel  
Ecology Services Technologist I

Date Signed

6/18/90

7992

ID — For Official Use Only

C

T/A

C

W

1

**X. Description of Hazardous Wastes (continued from front)****A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 2 3 9	U 2 4 7	U 1 5 1			
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)☐ 1. Ignitable  
(D001)☐ 2. Corrosive  
(D002)☐ 3. Reactive  
(D003)☐ 4. Toxic  
(D000)**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature

Adam C. Bickel

Name and Official Title (type or print)

Adam C. Bickel  
Ecology Services Technologist I

Date Signed

6/18/90

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# EPA

United States Environmental Protection Agency

## Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

### I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

M I D O 6 4 1 9 7 7 4 2

### II. Name of Installation (Include company and specific site name)

B A S F C O R P O R A T I O N

### III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 6 0 9 B I D D L E A V E .

Street (continued)

City or Town

State

ZIP Code

W Y A N D O T T E

M I

4 8 1 9 2 - 3 7 9 9

County Code

County Name

W A Y N E

### IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 6 0 9 B I D D L E A V E .

City or Town

State

ZIP Code

W Y A N D O T T E

M I

4 8 1 9 2 - 3 7 9 9

### V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

B I C K E L

A D A N

Job Title

Phone Number (area code and number)

E C O L O G Y S E R V I C E S

3 1 3 - 2 4 6 - 6 8 3 6

### VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

X

City or Town

State

ZIP Code

### VII. Ownership (See Instructions)

#### A. Name of Installation's Legal Owner

B A S F C O R P O R A T I O N

Street, P.O. Box, or Route Number

8 C A M P U S D R I V E

City or Town

State

ZIP Code

P A R S I P P A N Y

N J

0 7 0 5 4 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

2 0 1 - 3 9 7 - 2 7 0 0

P

P

Yes

No

X

Month Day Year

pg 2 of 6

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input checked="" type="checkbox"/> 2. Rail <b>A</b></p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify <span style="border: 1px solid black; padding: 2px;">233=T</span></p>	<p><input checked="" type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input checked="" type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input checked="" type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input checked="" type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.34)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<div>D004</div> <div>D007</div> <div>D008</div> <div>D009</div>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
P005	P014	P022	P028	P053	P089
7	8	9	10	11	12
P100	F001	F002	F003	F004	F005

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
003D	131U	002L	016L	021L	029L

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <b>Adam C Bickel</b>	Name and Official Title (type or print) <b>ADAM C. BICKEL, ECOLOGY SERVICES TECHNOLOGIST I</b>	Date Signed <b>12/20/90</b>
--------------------------------	---	--------------------------------

XI. Comments

RECEIVED  
DEC 26 1990

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.21)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☒ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- D 0 1 0  D 0 1 1  D 0 1 8  D 0 1 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
U 0 0 1	U 0 0 2	U 0 0 3	U 0 0 7	U 0 0 8	U 0 0 9
7	8	9	10	11	12
U 0 1 3	U 0 2 8	U 0 3 1	U 0 3 7	U 0 4 1	U 0 4 4

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Adam C. Bickel

Name and Official Title (type or print)

Adam C. Bickel, Ecology Services Technologist I

Date Signed

12/20/90

## XI. Comments

RECEIVED

DEC 26 1990

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

pg A

ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span></p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(List specific EPA hazardous waste number(s) for the EP Toxic container(s))

D 0 2 1	D 0 2 2	D 0 2 4	D 0 3 8
---------	---------	---------	---------

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 U 0 5 2	2 U 0 7 0	3 U 0 7 7	4 U 0 8 0	5 U 1 0 0	6 U 1 0 5
7 U 1 0 6	8 U 1 0 8	9 U 1 1 2	10 U 1 1 3	11 U 1 1 5	12 U 1 2 2

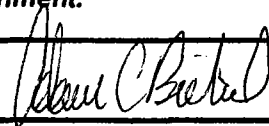
**C. Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

 ADAM C. BUCKEL, ECOLOGY SERVICES  
TECHNOLOGIST I

Date Signed

12/20/90

**XI. Comments**


Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

- 2 -

pg 6 of 6

ID - For Official Use Only

## IX. Description of Regulated Wastes Continued (Additional sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 2 2 3	U 2 3 5	U 2 3 8			
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Approved. OMB No. 2050-0028. Expires 9-30-88  
GSA No. 0246-EPA-OTUnited States Environmental Protection Agency  
Washington, DC 20460

## Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## For Official Use Only

Comments

C SBA

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)

C M 1 0 6 4 1 9 7 7 4 2 T/A C 1

## I. Name of Installation

B A S F C O R P O R A T I O N

## II. Installation Mailing Address

Street or P.O. Box

C 3 1 0 9 B I D D L E A V E N U E

City or Town

State

ZIP Code

C 4 W Y A N D O T T E M I 4 8 1 9 2

## III. Location of Installation

Street or Route Number

C 5 1 6 0 9 B I D D L E A V E N U E

City or Town

State

ZIP Code

C 6 W Y A N D O T T E M I 4 8 1 9 2

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C 2 B I C K E L A C W A S T E C O O R . 3 1 3 2 4 6 6 8 3 6

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C R B A S F C O R P O R A T I O N P

## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg./mo.  
☐ 2. Transporter  
☒ 3. Treater/Storer/Disposer  
☐ 4. Underground Injection  
☒ 5. Market or Burn Hazardous Waste Fuel  
     (enter 'X' and mark appropriate boxes below)  
     ☒ a. Generator Marketing to Burner  
     ☐ b. Other Marketer  
     ☐ c. Burner

- ☒ 6. Off-Specification Used Oil Fuel  
     (enter 'X' and mark appropriate boxes below)  
     ☒ a. Generator Marketing to Burner  
     ☐ b. Other Marketer  
     ☐ c. Burner  
☒ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
     Who First Claims the Oil Meets the Specification

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

M I D 0 6 4 1 9 7 7 4 2

ID — For Official Use Only

C																		T/A	C
W																			1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 F 0 0 5	6 
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 0 5	32 P 0 1 4	33 P 0 5 3	34 P 0 8 9	35 P 1 0 0	36 U 0 0 2
37 U 0 0 8	38 U 0 0 9	39 U 0 1 3	40 U 0 2 8	41 U 0 3 1	42 U 0 3 7
43 U 0 4 1	44 U 0 4 4	45 U 0 7 0	46 U 0 7 7	47 U 0 8 0	48 U 1 0 0

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

☒ 2. Corrosive  
(D002)

☒ 3. Reactive  
(D003)

☒ 4. Toxic  
(D000)
**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature <i>Adam C. Bickel</i>	Name and Official Title (type or print) Adam C. Bickel Ecology Services Technologist I	Date Signed 3/27/90
------------------------------------	--	------------------------

ID — For Official Use Only													
C												T/A	C
W													1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 0 8	U 1 1 2	U 1 1 5	U 1 2 2	U 1 4 7	U 1 5 4
37	38	39	40	41	42
U 1 6 2	U 1 8 8	U 1 9 6	U 1 9 7	U 2 1 1	U 2 2 0
43	44	45	46	47	48
U 2 2 1	U 2 2 3	U 2 3 5	U 2 3 9	U 2 4 7	U 1 5 1

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)
**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature <i>Adam C. Bickel</i>	Name and Official Title (type or print) Adam C. Bickel Ecology Services Technologist I	Date Signed 3/27/90
------------------------------------	--	------------------------

RECEIVED

APR 4 1990

CERTIFIED MAIL - RETURN RECEIPT REQUESTED  
P 401 235 630

March 27, 1990

O: WMD -  
Cc: AF

Mr. Valdas V. Adamkus  
USEPA Region V  
Region V Administrator  
230 South Dearborn Street  
Chicago, IL 60604

Re: Notification of Hazardous Waste Activity  
Subsequent Notification  
EPA ID Number - MID064197742

Dear Mr. Adamkus:

Enclosed is a Notification of Hazardous Waste Activity form updating the EPA hazardous waste numbers at the BASF Corporation, Wyandotte Site. The only change is the addition of mercury, EPA hazardous waste number U151.

If any further information is required, please contact me at (313) 246-6836.

Sincerely,



A. C. Bickel  
Ecology Services Technologist I

acb  
enc.

cc: State of Michigan DNR  
Waste Management Division  
505 W. Main Street  
Northville, MI 48167

RECEIVED

APR 4 1990

U. S. EPA, REGION V  
SWB — PMS

RECEIVED

APR 02 1990

U. S. EPA REGION 5  
OFFICE OF REGIONAL ADMINISTRATOR





ID — For Official Use Only

C																		T/A	C
W																			1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 4	F 0 0 5	
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 0 5	P 0 1 4	P 0 5 3	P 0 8 9	P 1 0 0	U 0 0 2
37	38	39	40	41	42
U 0 0 8	U 0 0 9	U 0 1 3	U 0 2 8	U 0 3 1	U 0 3 7
43	44	45	46	47	48
U 0 4 1	U 0 4 4	U 0 7 0	U 0 7 7	U 0 8 0	U 1 0 0

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

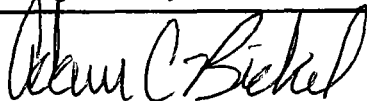
☒ 2. Corrosive  
(D002)

☒ 3. Reactive  
(D003)

☒ 4. Toxic  
(D000)
**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature



Name and Official Title (type or print)

Adam C. Bickel Waste Coordinator

Date Signed

12/29/89

**X. Description of Hazardous Wastes (continued from front)**

[illegible][illegible]

31				32				33				34				35				36			
U	1	0	8	U	1	1	2	U	1	1	5	U	1	2	2	U	1	4	7	U	1	5	4
37				38				39				40				41				42			
U	1	6	2	U	1	8	8	U	1	9	6	U	1	9	7	U	2	1	1	U	2	2	0
43				44				45				46				47				48			
U	2	2	1	U	2	2	3	U	2	3	5	U	2	3	9	U	2	4	7				

[illegible]

☐ 4. Toxic  
(DOOO)

## XI. Certification

12/29/89



# EPA

## Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law. (*Section 3010 of the Resource Conservation and Recovery Act*).

**For Official Use Only**

### Comments

[illegible]

Installation's EPA ID Number														Approved			Date Received (yr. mo. day)		
C												T/A	C						
F													1						

### I. Name of Installation

[illegible]

## II. Installation Mailing Address

**Street or P.O. Box**[illegible]

City or Town																	State	ZIP Code			
C																					
4																					

### III. Location of Installation

## Street or Route Number

[illegible]

City or Town															State	ZIP Code		
C																		
R																		

#### IV. Installation Contact

## Name and Title (last, first, and job title)

**Phone Number (area code and number)**[illegible]

## V. Ownership

**A. Name of Installation's Legal Owner**

## B. Type of Ownership (enter code)

[illegible]**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

### A. Hazardous Waste Activity

### B. Used Oil Fuel Activities

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

**VII. Waste Fuel Burning: Type of Combustion Device** (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

**VIII. Mode of Transportation** (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify)

### **IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification      ☐ B. Subsequent Notification (complete item C)

**C. Installation's EPA ID Number**[illegible]

CERTIFIED MAIL - RETURN RECEIPT  
REQUESTED P 164 348 700

December 29, 1989

O: WMD -  
CC: RF

Mr. Valdas V. Adamkus  
USEPA Region V  
Region V Administrator  
230 South Dearborn Street  
Chicago, IL 60604

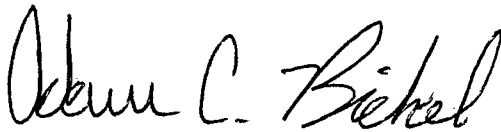
Re: Notification of Hazardous Waste Activity  
Subsequent Notification  
EPA ID Number - MID064197742

Dear Mr. Adamkus:

Enclosed is a Notification of Hazardous Waste Activity form  
updating the EPA hazardous waste numbers at the BASF Corporation,  
Wyandotte Site.

If any further information is required, please contact me at  
(313) 246-6836.

Sincerely,



A. C. Bickel  
Waste Coordinator

acb  
enc.

cc: State of Michigan DNR  
Waste Management Division  
505 W. Main Street  
Northville, MI 48167

**RECEIVED**  
JAN 10 1990

**RCRA-IMS**  
U.S. EPA, REGION V

**RECEIVED**  
JAN 10 1990  
OFFICE OF RCRA  
Waste Management Division  
U.S. EPA, REGION V

**RECEIVED**

JAN 09 1990

U. S. EPA REGION 5  
OFFICE OF REGIONAL ADMINISTRATOR

**BASF****RECEIVED****FEB 03 1986**SWE AIS  
**U.S. EPA, REGION V**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
P 533 373 890

January 24, 1986

**RECEIVED**  
JAN 30 1986  
SOLID WASTE BRANCH  
U.S. EPA, REGION VU.S. EPA, Region V  
Hazardous Waste Management  
Permits Administration  
230 South Dearborn Street  
Chicago, Illinois 60604Re: Notification of Hazardous Waste Activities  
BASF Corporation--Wyandotte Works  
EPA ID Number--MID064197742

Gentlemen:

On 29 November, 1985 EPA issued rules and regulations regarding the burning of waste fuel and used oil fuel in boilers and industrial furnaces (50 FR 49164). Included in these regulations were revisions to the Hazardous Waste Activity Notification forms. For all affected facilities these forms are to be completed and submitted to EPA by 29 January 1986. It is not necessary to notify individual States, as this will be done by EPA.

BASF Corporation hereby submits the enclosed notification forms pursuant to these regulations. Please direct any questions concerning this correspondence to my attention.

Very truly yours,

A. D. Gillen  
Manager  
Environmental Affairs/cir  
AG-3/JOB8-14cc: H. D. Roush  
J. Saunders (2)



[illegible]

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

31				32				33				34				35				36			
P	0	0	5	P	0	5	3	P	1	0	0	U	0	0	2	U	0	0	9	U	0	1	3
37				38				39				40				41				42			
U	0	2	8	U	0	3	1	U	0	3	7	U	0	4	1	U	0	4	4	U	0	7	0
43				44				45				46				47				48			
U	0	7	7	U	0	8	0	U	1	0	8	U	1	1	2	U	1	1	5	U	1	2	2

[illegible]

☒ 4. Toxic  
(DOOO)

Signature <i>Keith Fry</i>	Name and Official Title (type or print) Keith Fry - Director - Environ- mental Affairs-Chemical Division	Date Signed <i>1/20/86</i>
-------------------------------	--	-------------------------------



ID — For Official Use Only												
C												T/A, C
W												1

### IX Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 4 7	U 1 5 4	U 1 8 8	U 1 9 6	U 1 9 7	U 2 1 1
37	38	39	40	41	42
U 2 2 0	U 2 2 1	U 2 2 3	U 2 3 5	U 2 3 9	
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable (D001)     
 ☐ 2. Corrosive (D002)     
 ☐ 3. Reactive (D003)     
 ☐ 4. Toxic (D000)

### X. Certification

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature <i>Keith Fry</i>	Name and Official Title (type or print) Keith Fry-Director-Environmental Affairs-Chemical Division	Date Signed 1/20/86
-------------------------------	---	------------------------


 U.S. ENVIRONMENTAL PROTECTION AGENCY  
 NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

 INSTALLATION'S EPA I.D. NO.  
 I. NAME OF INSTALLATION  
 II. INSTALLATION MAILING ADDRESS  
 III. LOCATION OF INSTALLATION

 RECEIVED  
 DEC 30 1985

 PLEASE PLACE LABEL IN THIS SPACE  
 U.S. EPA, REGION V

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

 INSTALLATION'S EPA I.D. NUMBER  
 APPROVED  
 DATE RECEIVED (yr., mo., & day)

## I. NAME OF INSTALLATION

BASF CORPORATION

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

3100 CHERRY HILL ROAD

## CITY OR TOWN

PARSIPPANY

## ST.

## ZIP CODE

NJ 07054

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

51609 BIDDLE AVENUE

## CITY OR TOWN

WYANDOTTE

## ST.

## ZIP CODE

MI 48192

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

2 GILLEN, AD MGR ENVIRON AFFAIRS

201-263-5496

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 BASF CORPORATION

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

 F = FEDERAL  
 M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION

☒ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

MID064197742

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 4 23 - 26	5 F 0 0 5 23 - 26	6  23 - 26
7  23 - 26	8  23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 0 5 23 - 26	32 P 0 5 3 23 - 26	33 P 1 0 0 23 - 26	34 U 0 0 2 23 - 26	35 U 0 0 9 23 - 26	36 U 0 1 3 23 - 26
37 U 0 2 8 23 - 26	38 U 0 3 1 23 - 26	39 U 0 3 7 23 - 26	40 U 0 4 1 23 - 26	41 U 0 4 4 23 - 26	42 U 0 7 0 23 - 26
43 U 0 7 7 23 - 26	44 U 0 8 0 23 - 26	45 U 1 0 8 23 - 26	46 U 1 1 2 23 - 26	47 U 1 1 5 23 - 26	48 U 1 2 2 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Keith Fry</i>	NAME & OFFICIAL TITLE (type or print) Keith Fry - Director Corporate Environmental Affairs	DATE SIGNED 12/16/85
-------------------------------	--	-------------------------

FOR OFFICIAL USE ONLY											
8	9	10	11	12	13	14	15	16	17	18	19
W											
1	2	3	4	5	6	7	8	9	10	11	12

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 1 4 7	U 1 5 4	U 1 8 8	U 1 9 6	U 1 9 7	U 2 1 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 2 0	U 2 2 1	U 2 2 3	U 2 3 5	U 2 3 9	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Keith Fry</i>	NAME & OFFICIAL TITLE (type or print) Keith Fry - Director Corporate Environmental Affairs	DATE SIGNED 12/16/85
-------------------------------	--	-------------------------

EPA Form 8700-12 (6-80) REVERSE



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

PAF

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•

MID064197742

REACKNOWLEDGEMENT

BASF WYANDOTTE CORP  
1609 BIDDLE AVE  
WYANDOTTE

MI 48192

INSTALLATION ADDRESS

1609 BIDDLE AVE  
WYANDOTTE

MI 48192

RECEIVED

Form Approved OMB No. 155-5790-1  
EPA 0246-EPA-OT

Print type (12 characters each) in the unshaded areas only.

**EPA** U.S. ENVIRONMENTAL PROTECTION AGENCY  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

AUG 19 1980

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at **TOP** of this form. If information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	<b>MIT 270010630</b>
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

PLEASE PLACE LABEL IN THIS SPACE  
**001398 AUG 19 80**

**FOR OFFICIAL USE ONLY**

COMMENTS																													
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)									
<b>MIT 27001063021</b>															<b>A</b>					<b>8 0 0 8 1 9</b>									

**BASF WYANDOTTE CORP  
TERMINAL RR. CORP**

I. NAME OF INSTALLATION  
**WYANDOTTE TERMINAL RAILROAD CORPORATION**

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX  
**1609 BIDDLE AVENUE**

CITY OR TOWN ST. ZIP CODE  
**WYANDOTTE MI 48192**

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER  
**SAME**

CITY OR TOWN ST. ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)  
**WISNIEWSKI M A MGR CORP ENV PR 201 263 5495**

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER  
**BASF WYANDOTTE CORPORATION**

B. TYPE OF OWNERSHIP (enter the appropriate letter into box) F = FEDERAL M = NON-FEDERAL <b>M</b>	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))			
	<input type="checkbox"/> A. GENERATION	<input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII)		
	<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION		

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input checked="" type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
---------------------------------	---	-------------------------------------	-----------------------------------	--

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
C. INSTALLATION'S EPA I.D. NO. <b>MIT 270010630</b>	

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 19 1980

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

MID064197742

I. NAME OF INSTALLATION

BASF WYANDOTTE CORPORATION  
1602 BIDDLE AVE  
WYANDOTTE, MI 48192

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

1602 BIDDLE AVE  
WYANDOTTE, MI 48192

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

MID064197742 A 800808

## I. NAME OF INSTALLATION

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

WISNIEWSKI MA MGR ENV PROT 201-263-5495

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

BASF WYANDOTTE CORP

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MID064197742

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 F002 23 - 26	3 F003 23 - 26	4 F004 23 - 26	5 F005 23 - 26	6  23 - 26
7  23 - 26	8  23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P005 23 - 26	32 P053 23 - 26	33 P100 23 - 26	34 U002 23 - 26	35 U009 23 - 26	36 U013 23 - 26
37 U028 23 - 26	38 U031 23 - 26	39 U037 23 - 26	40 U041 23 - 26	41 U044 23 - 26	42 U070 23 - 26
43 U077 23 - 26	44 U080 23 - 26	45 U108 23 - 26	46 U112 23 - 26	47 U115 23 - 26	48 U122 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)

☐ 2. CORROSIVE (D002)

☐ 3. REACTIVE (D003)

☐ 4. TOXIC (D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



W	M	1	0	0	6	4	1	9	7	7	4	2	2
1	2											13	14

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 4 7	U 1 5 4	U 1 8 8	U 1 9 6	U 1 9 7	U 2 1 7
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 2 0	U 2 2 1	U 2 2 3	U 2 3 5	U 2 3 9	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

 Charles W. Axce - General Manager  
Manufacturing Services - Wyandotte

DATE SIGNED

8/5/80